

**Home Visiting Task Force
Executive Committee Meeting
April 9th, 2014**

MEETING MINUTES

Attendees: Deb Daro, Claire Dunham, Donna Emmons, Gaylord Gieseke (co-chair), Dan Harris, Teresa Kelly, Beth Mascitti-Miller, Peter Mulhall, Anna Potere, Diana Rauner (co-chair), Lesley Schwartz, Christy Serrano, Glendean Sisk, Penny Smith, Mary Anne Wilson, Cindy Zumwalt

January 14th Meeting

- January 14th, 2014 meeting minutes were reviewed and no edits or changes were requested by meeting participants.
- ICAAP recommendations:
 - Anna, Teresa, and the MIECHV team will work together on a proposal for responding to the recommendations.
 - The SIAC Health Subcommittee is working on recommendations to IDPH on developing a comprehensive 0-5 system for training and skill support (e.g. an online resource center) for all early childhood providers, including home visitors. IDPH already has a structure in place to train hearing and vision screening technicians but needs to find capacity to implement the policy and practice changes being proposed by the Health Subcommittee.
 - Ginger Mullin's group uses the ECHO protocol and works with PAT and EHS across state to ensure hearing screenings are done correctly (laid out on Illinois Sound Beginnings website) but this is only for hearing screening for children 0-3.
 - There are no objective tools or protocols for screening vision for children 0-3 but National Children's Vision and Eye Health Coalition is working on these. There are machines for 3-5, which are very expensive.

MIECHV Reauthorization

- Update on the Short-Term Extension
 - The federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant was set to expire on September 30, 2014. Following a national advocacy campaign in which the HVTF and the ELC actively participated, the "doc fix" legislation passed by Congress on March 31st extended the grant for 6 months - until March 31st, 2015 – with a full year of funding at the current funding level of \$400 million.
 - If the funding formula remains the same, Illinois can expect to receive approximately \$4M for the additional year of funding.
- Planning for a Long-Term Solution
 - While this is a positive statement of support for the importance of home visiting, we need to do some real work to ensure that MIECHV authorization extends beyond March 31, 2015 and that funding extends beyond September 30, 2015.
 - The MIECHV team has been collecting "success stories" about MIECHV, which we should capture and bring through federal advocacy channels. We should also talk to the First Five Years Fund about what contributions we can make, especially cross-model.

- This will be a standing agenda item for the rest of this year.

MIECHV Updates

- The voluntary communities are setting up their coordinated intake systems.
- The MIECHV team is working with CPS and ISBE to look at similar data elements that they collect for home visiting.

Summary of National EBHV Evaluation Findings

- The data reveal struggles with dosage, duration, and engagement and retention of families.
- The context in which programs operate can make it harder or easier to make it work, so it is important to consider the environment.
- People form strong partnerships, which makes people more likely to perceive that goals are being reached, e.g. regarding fidelity, which doesn't match the data.
- A high percentage of referrals is for the intended population. The bigger issues are poverty, stress, single-parent homes, domestic violence, and substance abuse, which actually are less frequent.
- It is important to communicate about the investment, partnerships, and systems that this grant has generated and build state support.

State Updates

- Governor's Budget Proposal
 - On March 26th, Gov. Quinn presented a FY15 budget proposal that provides for deeper investments in early childhood with a \$100 million commitment for his Birth to Five Initiative. The governor's Birth to Five Initiative and proposed FY15 budget calls for investment in three key areas: (1) connecting pregnant women to vital prenatal services; (2) improving access to early learning opportunities, capitalizing on the critical period of brain development during the first years of life to build key academic, social and cognitive skills; and (3) engaging and supporting parents by connecting families to a range of services, such as home visiting programs and training opportunities.
 - Key early childhood items in the governor's proposed budget would:
 - Restore \$25 million to the Early Childhood Block Grant so that, according to the governor's office, an additional 8,000 children can benefit from early childhood education
 - Maintain level funding for home visiting programs in DHS
 - Provide an additional \$8 million for Early Intervention to meet the increased need for services due to improved referral and identification
 - Provide an additional \$166 million for child care (assumes the passage of an FY14 supplemental appropriation)
 - The investments in the governor's proposed budget rely on a continuation of current state income tax rates. As budget discussions now shift to the General Assembly, we will need your help to protect and grow early childhood funding. Senate President and House Speaker are supportive of Quinn's proposal to extend income tax. That has to pass by the end of May with the budget appropriations.
- By May 1, the decision regarding whether to put a constitutional amendment on the ballot to create a progressive income tax structure in Illinois must be passed by 2/3 of both

chambers. A bill has been introduced by Sen. Harmin in the Senate and Rep. Mitchell in the House to put this into action.

- Early Childhood Advocacy Day is April 29th in Springfield.

MIECHV Data

- Peter Mulhall presented the Illinois MIECHV Annual Evaluation Report for FY13 to the group.
- The data (detailed in handouts) represents baseline data (i.e., where families were at the beginning of MIECHV) but some families had already been in the program. The next set of data is being collected now.
- Key findings discussed included:
 - Illinois MIECHV participants are mostly poor, unemployed, pregnant teens who are not in school, even though the focus is usually on “other risk factors”.
 - 36.5% of clients in home visiting programs and 37.2% of those in doula programs stopped services prior to completion. It is unclear what this means, and the MIECHV team said they would perform a deeper dive to determine what this means and whether it is positive or negative.
 - The communities generally scored very low on the PICCCOLO compared to the reference average. “Affection” and “Responsiveness” were highest both for reference and for the communities, then the scores go down for “Encouragement” and “Teaching”. The best predictor of a high score is a child’s age. Overall “Teaching” is likely low because the children are so young, which means that there may be a need for more education on what “Teaching” means for young children.
 - In terms of staff turnover, some of the staff turnover is related to the loss of clients. Also, some supervisors made all of the home visitors in the program (both MIECHV and non-MIECHV) collect the same data, e.g. in Englewood where there is no turnover.
- There will be a webinar to give the data represented in the KIDI analysis back to the home visitors with program goals.

Health Connections Recommendations

- A small group (Anna Potere, Teresa Kelly, Glendean Sisk, and Christy Serrano) will meet to look over the recommendations and:
 - Determine whether there need to be formatting changes or content added to make the recommendations clearer and potentially to distinguish between the basic items already happening versus what would be a “reach” for programs; and
 - Prepare for points where we think we might encounter pushback at the ELC Executive Committee level and develop a proposal for next steps.
- The recommendations will be brought back to the HVTF Executive Committee meeting on July 1.

Wrap Up and Next Steps

- The next full HVTF meeting is April 23rd from 2-4pm.
- The next HVTF Executive Committee meeting is July 1 from 2-4pm. We will have a deeper discussion about recently released findings from the national EBHV evaluation, as well as a presentation by Elissa Gitlow and Julie Spielberger on the Illinois-specific evaluation.